

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	2		↓		↓	
TOTAL DEP.	25	↓	↓	↓	↓	↓
TOTAL CLAIMS	27	████████	████████	████████	████████	████████

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100									
TOTAL IND.			↓						
TOTAL DEP.			↓		↓		↓		
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████	████████	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS